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NOTICE OF PARTIAL FEE / FEE DUE.

		-		
Date:	05/1/01			
To:	01 PE			
From: R.	AM Team, Office of Initial I	Patent Examinati	on,	
Subject: Fe	ee Due			
Application Num	ber 09 852 185	ν		
Examination has the application for delivery a copy of of Initial Patent E	ument was submitted with a posted the fee submitted to to the appropriate authorization of the authorization, this form examination, RAM Team, Clark of the fee deficiency.	the suspended fe on to charge a d and the applica	e code, 197. Pleposit account.	lease check If present, to the Office
The correct fee, c	ode: <u>200</u>	amount \$_	c 40.68	-
The suspended fee	e code: 197	amount -\$_	27.00	
Fee due		amount = \$	13.00	
total fee is posted	esponsibility to collect the b	n receipt of the b	alance due befo	that the providing

Please direct any questions you may have to Joyce Gunter-Warren at 308-3616



pplication or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

NUT -6003

CLAIMS AS FILED - PART I (Column 1)		(Column 2) SMALL		SMALL EN			OTHER THAN SMALL ENTITY					
TOTAL CLAIMS		30	·				RATE	FEE		RATE	FEE	
		NUMBER F	FILED NUMBER		ER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS 34 minus 20=		. 14			X\$ 9=	144	OR	X\$18=				
INDEPENDENT CLAIMS / minus 3 =		• 3			X40=	120	OR	X80=				
MULTIPLE DEPENDENT CLAIM PRESENT						+135=		OR	+270=			
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL	619	OR	TOTAL		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						Da	SMALL E	NTITY	OR	OTHER SMALL I		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
DME	Total	•	Minus :	**		=		X\$ 9=	* •	OR	X\$18=	·
ME	Independent	•	Minus	***		=	1	X40=	•	OR	X80=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDEN	IT CLAIM]	+135=		OR	+270=	
	٠			, •			•	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)			umn 2)	(Column 3)	ADDIT: 1 CE				
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		PREV	HEST MBER MOUSLY D FOR	PRESENT EXTRA	-	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total .	*	Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=	4	X40=	2	OR	X80=	
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ł						<u></u>		TOTAL ADDIT FEE		OR	TOTAL	
	(Column 1) (Column 2) (Column 3)											
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIC NU PRE	SHEST JMBER VIOUSLY ID FOR	PRESENT		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
OME	Total	*	Minus	**		=		X\$ 9=		OF	X\$18=	j
ME	Independ nt	•	Minus	***		=	4	X40=		OF	X80=	
L	FIRST PRESE	ENTATION OF I	MULTIPLE DE	PENDE	NT CLAII	М	_	+135=		OF		
* If th entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Indep indent) is the highest number found in the appropriate box in column 1.												